

## **Virginia Military Survivors & Dependents Education Program (VMSDEP)**

## VMSDEP SUMMER/WINTER REQUEST FORM

Address City State Zip  Telephone Email  Veteran's Name  College/University Enrolling in for Summer Semester  Please list which summer and/or winter semesters you will be enrolled in:  Semester Year  Example: Summer 2017  Each VMSDEP recipient is entitled to eight (8) semesters of waivers. In order to maximize your benefits, please consider the following example when deciding whether to use your VMSDEP waiver for summer enrollment:  Semester Enrollment Cost Semester of Benefits Used  Summer 3 Credit Hours/1 class \$975 1  Fall 12 Credit Hours/4 classes \$3,900 1  Please allow 10 business days for your request to be processed.  A Letter of Authorization will be sent to the school and you, via secure email, upon completion.								
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	Signature:				Date:			
Please email the completed form to <a href="mailto:vmsdep@dvs.virginia.gov">vmsdep@dvs.virginia.gov</a> or fax to VMSDEP (804) 786-0809.	Please email the	completed form	to vmsdep@d	vs.virginia	.gov or fax t	o VMSDEP (8	04) 786	-0809.

Department of Veterans Services

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